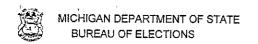


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

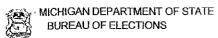
COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 1/1/3011 to 13/31/3011
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150309	h W Lak
2. Committee Name	
Cynthia Luczak Your County Clerk	bay lounty UEK 4b. County of Residence bay
5. Committee's Mailing Address 、	6. Treasurer's Name & Residentia Address
808 Frast Drive	60000
Bay City iM 48706	Same 1 2 2 2
Area Code and Phone	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	S
pe sent to this address by the filing official.	Area Code & Phone
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
same	same
·	
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
	2011
9a. Pre-Election OR 9b. Post	st-Election 9c. Annual Statement (2011 Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	9e. Dissolution of Candidate Committee
Convention	hool Effective Date of Dissolution
Special Cau	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expel frany of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	required Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
10. Verification: I\We certify that all reasonable diligence was used ny\our knowledge and belief the contents are true, accurate and co	d in the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or N	No. 1
Designated Record keeper Type or Print Name	Signature Date 1/30/20/2
Candidate Whyhla A Luczul	, Uprithia a Guyan Date 1/30/2012
Type or Print Name	Signature



SUMMARY PAGE

. Committee I.D. Number	150309	

SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name YNH Lakuti	ah your lo Clerk
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 140.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0 , 0 0	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 140,00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <i>37 . &o</i>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	•	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2943.36	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$,
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2943, 36</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ O , O O	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	1 0 A	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ 0 1 0 0	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1,000,00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>5,797.39</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 140,00	·
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 5 937.39	•
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 2,943,36	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ 2,994.03 *	
(Subtract line 16 from line 15)	*	



Page____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	150309	·
2 Committee Name WN 4	thia Lucral	Now Locker

CANDIDATE COMMITTEE 2. Committee Name Cy 1.1	711	7000
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1/18/2011 Name & Address: Hilad of Jun Daniel Lo, boy 175 Day Uty M 48707 5. If over \$100.00 cumulative, please provide:	\$ Click Here fo	s 40 7 0 0
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser (10/27/10)		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/1/30// Name & Address PACT Receipt? YES 4. Date of Receipt 3/1/30// 5. If over \$100.00 cumulative, please provide:	\$Click Hara fr	\$ \left\ D \cdot D \cdot 0 \cdot
	Ollek Here R	or weitto terrazation
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt		<u></u>
5. If over \$100.00 cumulative, please provide:	\$Click Here fo	\$r Memo Iternization
Occupation Employer		
Business Address		•
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	14h DA	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	IHO, OO Enter this total on line 3a of Summary Page.	,

DEBTS AND OBLIGATIONS SCHEDULE 1E

150309 1. Committee I.D. Number

2.	Committee	Name

Cynthia Luczak for County Clerk

•			
CAND	IDATE	COMM	ITTEE

OPHIBITIE OOMINITTEE	·			
This Schedule Itemizes:		_		
a. Debts and obligations owed by or forgiven the	e committee OR b. L neck either a or b. Use only for the	Debts and obligations owed purpose checked.)	l <u>to</u> or forgiven by	(the committee.
3. Name and Malling Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstandir Balance at dose of this period (Item 6) minus Item 8)
Debt#1 Corp? Yes Owed to or by: Cynthia A. Luczak 808 Frost Drive Bay City, Michigan 48706	4. Type: Loan Code LN 5. Date Debt Was Incurred: 6/30/2003 6. Original Amount of Debt: \$ 500.00	3 25/15 500.00 -1 1 5 -1 1 5 -1 1 5	s <u>500.00</u>	\$FORGIVE
If bank loan, name of endorser or guarantor.		An	nount Endorsed: :	5
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: Loan Code LN	3 25,11s 200.00	- 2 V	
Cynthia A. Luczak 808 Frost Drive Bay City, Michigan 48706	5. Date Debt Was Incurred: 8/1/2003 6. Original Amount of Debt: \$ 200.00		s <u>200.00</u>	FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Debt#3 Corp? Yes Owed to or by: Cynthia A. Luczak	4. Type: Loan Code LN	3 25,11s 200.00		
808 Frost Drive	5. Date Debt Was Incurred: 8/8/2003	_/ / \$	200.00	•
Bay City, Michigan 48706	6. Original Amount of Debt:			
	\$ 200.00			☐ FORGIVEN
bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	·
		Page Subtotal (Outsta Grand Total of all So	hedules 1E	0.00
(Complet	le on last page of Schedule showing	ng amounts owed by or to the		0.00 Enter this total on line 12a "owed by" or

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule If there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

line 12b "owed to" of the Summary Page

DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name Cyr	ithia A. Luczak for	County Cle	rk
This Schedule ilemizes:	,	<u> </u>		
a. \(\overline{\text{Debts}}\) and obligations owed by or forgive	(Check either a or b. Use only for the	Debts and obligations owed the purpose checked.)	o or forgiven <u>by</u> the	e commiltee.
3. Name and Mailing Address of person, vendo financial institution to whom debt is owed. Check box to indicate whether debt is owed to a incorporated business. If debt is a bank loan, ple provide information regarding the endorsers or guarantors, if any.	(Indicate type and you may assign an expenditure code	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at color of this period (Item 6 minus Item 8)
Oebt#1 Corp? Yes Owed to or by: Cynthia A. Luczak 808 Frost Drive Bay City, MI 48706 If bank loan, name of endorser or guarantor:	4. Type: Loan Code LN 5. Date Debt Was Incurred 8-15-2003 6. Original Amount of Debt \$ 300.00	3 25/1/s 300.00 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$	300.00	[] FORGIVEN
Debt#2 Copal Yes Owed to or by: Cynthia A. Luczak	4. Type: Loan Code LN 5. Date Debt Was Incurred 8-27-2003 6. Original Amount of Debt \$ 200.00	3 25,11's 200.00 1 1 s 1 1 s 1 1 s 1 1 s	, 1] forgiven
Debt #3 Corp? Yes Owed to or by: Cypthia A. Luczak 808 Frost Drive Bay City, MI 48706 T bank loan, name of endorser or guarantor:	4. Type: Loan Code I.N. 5. Date Debt Was Incurred: 7-19-2006 6. Original Amount of Debt \$ 1,000.00	/ / \$ / / \$ / / \$ / / \$ / / \$		FORGIVEN
dicerect of guarantos.			ndorsed: \$	· ·
		Page Sublotal (Outstand	ding debi)	
Comp. EASE REFER TO INSTRUCTIONS FOR LIST OF E debt or obligation must be shown on this Schedul impaign Statement or it was forgiven during the pe	A If there was an outstanding amou		ommittee) Ente on ti "owe line to" o	000.00 In this lotal Ine 12a Ind by or 12b owed If the Indian Page
geo;Authority granted under P.A. 388 of	1070	V 7/1999c-1e	:	

1. Committee I.D. Number _



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150309

2. Committee Name VN+11a Ahullakyow Co Clerk

CANDIDATE COMMITTEE 2.0	Committee Name 19/19/11/11/17 10100	aryour	W CICI
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name At Pathicksplay Parade		1/19/11	\$ 35,00
Address 1316 bhoadway	Purpose: Manamapanan	Date	
bay city, MI 48708	1 4 2 2 1	ere for Memo I	temization Type
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Mayar Scholanship Fund Address 410 bennuda	C	2/15/11	\$ 250.00
	Purpose: Mh H anship	Date	
Penconning, Me 48650	Click He	ere for Memo l'	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name lettery Club of Day City Address Day City 1 M 48 708		1/21/11	* 10 NA
Address A. O. O. O. H.	Purpose: MUHAN COMMENT Ad	Date	\$ <u>30 100</u>
Day Ully 1 Ml 48708		ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		·
Expenditure #4 Name bay atty Democrat Mess	,	2/11/1.	4
Address 309 Winth Stalet	Purpose: Whiken Linner	7/ 09/// Date	\$ <u>33.93</u>
bay City, me 48708	West Phinting Click He	ere for Memo It	emization Type
70700			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Nonthwest Little League Address 60/ Marquette		26/1	
Address 1001 Manauette	Purpose: Ahnual Payment	// <u>)///</u> / Date	\$100,00
Day Othy, Me 40704	In Sign a histold!	SALVAL ere for Memo II	HAMIP emization Type
1 48706	Check box if this expenditure is payment of		>
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	el this page	448.92
	Grand Total of all So (Complete on last page of		- 100
	/==:::bioto a:: idat baga (

Enter this total on line 8a of Summary Page

Page ____ of ____



ITEMIZED EXPENDITURES

ITEMIZED EXPENDITURES	150200	
SCHEDULE ID	committee I. D. Number	
CANDIDATE COMMITTEE 2.0	committee Name <u>4NH/ahucra</u>	Lyour Coller
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5./Date 6. Amount
Expenditure #1		3 /
Name bay City Independents		3/14/11 \$ 50,00
Address yo Ron O' Laughlin.	Purpose: MUNSPAPLY Ad	Date
3339 Old Kawkawlinkd	, ,,	ere for Memo Itemization Type
Day Cty M 48706	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name Nymthia Lucyal	Purpose: Playaunt of Loan Click He	3/25/11 \$ 1,400,0
Address 808 MORE	Purpose: Alfayment of Joan	r Date
bay Utty, Ml 48706	Click He	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	:
Expenditure #3		
Name bay Co Demo Cratte Party		4/4/4 \$ 50,00
Address 1.0, box 566	Purpose: MMM & HING WICK He	Date /
Dincoming ML 48650	Check box if this expenditure is payment of	re for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4	Satement	
Name YWCA CINCLET Women Address Address Address	Purpose: Almaosuum	///// \$/ <u>00,00</u>
Address 723 Washington Ave. bay Uty 17Ml 48708	,	re for Memo Itemization Type
vay cur 1110 48708	Check box if this expenditure is payment of	·
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5		
Name John Glyn Mama Jent.		4/20/11 pr 00
Name John Glenn Dhama Dept. Address 3001 Kilsel Road	Purpose: AMDAAMAA	Date \$35,00
Day Orty, MI 48706	Click He Check box if this expenditure is payment of	re for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
	Subtota	I this page 1,635.00
	Grand Total of all So	-
	(Complete on last page of	=

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150309

2. Committee Name UNTHIA KUCTAL VOLIT OF CLERK

CANDIDATE COMMITTEE 2.0	Committee Name UNT 11 A NUCTAIL YOUR US CIET
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	3 /
Name NAACP	5/7/4 \$ 50,00
Address 1316 Bhoadway Bay Uty 1 Mu 48708	Purpose: Donation Date
bay Otty Mi 4000	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Bay lo Democratic Party Address P. O. BOX 556	5/12/11 \$ 100.00
Address 1.0100 556	Purpose: <u>Monatum</u> Date
Pinconning, Mi 48650	Click Here for Memo Iternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name Latary Wethen Bay City Address Manitabeor Loundation	5/32/11 \$ 25.00
Address Ulultable 20 Undation 1.0, Box 42	Purpose: <u>Apt Name</u> Date Apt Name Click Here for Memo Itemization Type
	Click Here for Memo Itemization Type
Day Uty/M1 48708 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	COLOR TO THE
Name C. bunnerfor State Rep.	6/14/11 \$ 50,00
Name C. bunnerforstate Rep. Address 208 Muhphy Stult Day Utty M 48706	Purpose: Ronation Date
Day oug mic 10 100	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name At. Launent Gros. Address 1101 n. Water Street	Quint 6 2 1444
Day City, M 48706	Purpose: NUMSION ON Agenty Date AWANDAM INCOME TO THE DESCRIPTION OF THE PROPERTY OF THE PROP
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 239.44
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page _____ of ____



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Num	ber	1:	5030	9		=	
, , , , , , , , , , , , , , , , , , ,	11114	hia	Lui	11/1/1	Mour	111	Sork

OARDIDATE COMMITTEE 2.0	committee Name CYTETTE A NAC DOS	your c	the year
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name stabenow for Alnate		7/9/11	\$100.00
Address 133 Want Lenate Office	Purpose: Aon atun	, Date	
Name Stabenow for Alnate Address 133 Want Schafe Office Washington, DC 20510	Click Check box if this expenditure is payment of		Itemization Type
Fund Raiser	debt or obligation reported on previous statement		·
Expenditure #2			
Name bay lity Ithefightens Address 1401 Center are.	Purpose: Romation Udilia	8//2/1/	\$ 25,00
Address 1401 Watch We.	Purpose: NM attion (IAUL U	rent	
Day Otty 1 M 48708	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	: 	
Expenditure #3			
Address Linestock Auction 515 Center are		8/11/11	\$ 125 00
Address Lillstock alletton	Purpose: Mmation	Date	* <u>& & </u>
3/0 Care Care	Click	Here for Memo I	temization Type
Day Otty, MI 48708			٠.
	LICheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4	·		
Name Janemen Lightens	Purpose: <u>Danation/ad</u>	8/18/11	\$ 25.00
Address auburn, M 48611	Purpose: Danation/ad	/ Date	<u> </u>
1001		Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name New Rimenstons		1/17/	
Address 2 Johnson Court Vay City MI 48708	Purpose: ADaghotti dunnen	<u> </u>	\$ 30.00
hay alter Mil dona	V ⊜lick	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		otal this page	405.00
	Grand Total of all (Complete on last pag	ì	
	(Complete on last pag	z or correduct)	

Enter this total on line 8a of Summary Page

Page ______ of _____



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number	150309		
Nilla	Unia / WATAI	HOTER NA	Aler

CANDIDATE	COMMITTEE 2.C	ommittee Name <u>WNHI A UUZU</u>	Motter (10.0181 K
3. Name and address of person	on or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1				
Name $5V5U$	pasterflud	^ .	9/19/11	\$ 10000
Address N X LA	les ma, Champenson est Dr.	Purpose: Denation	′ Date	
0/4 000	- n.	Clic	k Here for Memo	Itemization Type
Day U	ty/M 48706	Check box if this expenditure is payment debt or obligation reported on previous statement	of	
Expenditure #2				
Name bay lo, k	light to Life ackson	Purpose: Dination	9/16/11 Date	\$ <u>35,00</u>
Day City	Jr 1 M 48708	7	k Here for Memo	Itemization Type
Fund Raiser		Check box if this expenditure is payment debt or obligation reported on previous statement	of	
Expenditure #3				
Name John Mul	ella Banclay r, M1 48 706	n L	8/16/11	\$85,00
Address 309 n. C	r M 48 70%	Purpose: DM Atton	Date k Here for Memo	Itemization Tyne
· · · · · · · · · · · · · · · · · · ·	10 100	- President		tornization typo
Fund Raiser		Check box if this expenditure is payment of debt or obligation reported on previous statement	of	
Expenditure #4				, .
Name WWCA MA	heat Lakes Bay	Purpose: UNDUMMENT	10/7/11 Date	\$ <u>30,00</u>
bay lu	ty, M 48708	Nim posium	K Here for Memo	Itemization Type
Fund Raiser		Check box if this expenditure is payment of debt or obligation reported on previous statement	of	
Expenditure #5				-
Name At Mathy	chapay randae.		121.11	
Address Analth	cha Day Parade Onder of Gibennian Oa dway	Purpose: <u>Donation</u>	/ <i>0/14-/1/</i> Date	\$ <u>25,00</u>
	V	Click	k Here for Memo	Itemization Type
Day (1 (t)	p, 114 48708	Check box if this expenditure is payment of debt or obligation reported on previous	of	
L. I dire reason		statement		
		Sub	ototal this page	215,00

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 150309

JOHEDULE 1-11	^ .	\ // A	N /a ala
CANDIDATE COMM	NTTEE 2. Committee Name Wnthia hucz	an your U	o Clerk
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Ámount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Unthia A Lucah 808 Frost	Goods or Services Purchased by Candidate or Others	37.50 s	37.50
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	6. Vendor Name & Address: G'5 P/ZZCY/a C	HWDBVU State lick Here for Memo Ite	
Fund Raiser Contribution	Saginaw Street Bay City, Mi 48708	<i>.</i>	
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Fund Raiser Contribution	Ċ	lick Here for Memo Ite	mization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$_	<u> </u>
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	lick Here for Memo Ite	emization
Fund Raiser Contribution	·		
	Page Subtota Grand Total of all Schedules 1-I (Complete on last page of Schedule	K 2750	
		Enter this total	

Enter this total on line 6 of Summary Page

Page	of
* —	